Male Survivors of Child Sexual Abuse: Internalised Validation Through The Royal Commission

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Abstract

The study was conducted to give male survivors of clergy abuse hope of healing long held traumatic wounds. Historically male survivors were the least researched and lived with the most social stigma. The Royal Commission into Institutional Responses to Child Sexual Abuse provided a unique opportunity for men to come forward to disclose their stories. The Royal Commission into Institutional Responses to Child Sexual Abuse gave male sexual abuse victims' an opportunity to speak up. Six case studies on informal and formal disclosure journey were thematically analysed from first disclosure leading to the pre-interview at the Royal Commission. The clergy-abuse survivors' lived experiences saw first disclosures on average some 36.5 years after the first abuse when they were on average 48.8 years of age. All were believed, not all were validated. Validation assisted in symptom reduction; invalidation conversely so, the same person could validate then invalidate at a later time. ***Internalised-validation*** appeared as the global-theme and emerged as the experience of non-linear authentication over time. The journey formed a valued social position, from victim to survivor to validated advocate, or thriver, and then to transcriber, for self and others.

Introduction

Adult survivors of institutional child sexual abuse (ASICSA) were invited by Justice Peter McClellan (The Commissioner) to pre-interviews at The Royal Commission into Institutional Responses to Child Sexual Abuse (TRC) asking the ASICSA to identify "…where institutions failed to protect children or to respond properly to allegations and incidents of child sexual abuse" (McClellan, 2013, p. 1). The Commission held 6000 private interviews, where 4444 individuals disclosed their experiences, alleging incidents of child sexual abuse relating to 1880 alleged perpetrators, mainly religious brothers or priests.

Victims of child sexual abuse (CSA) can experience severe post-traumatic stress disorder (PTSD) that requires intensive interventions. PTSD has internalised and externalised symptoms that impede childhood development and normal adult functioning (Ullman, Townsend, Filipas, & Starzynski, 2007), yet disclosing CSA is complex. Disclosure in childhood could result in re-victimisation or further harm to victims (Jonzon & Lindblad, 2004; Koss, 2000; Lisak, 2006; R. McElvaney, Greene, & Hogan, 2013). Disclosure was often not possible, particularly if perpetrators were known to the victim or represented trusted organisations. Not only did perpetrators groom victims; they may have groomed families, or even whole communities. If so, they had the power to discredit accusations (McLoone-Richards, 2012). Victims or family members felt powerless (Benyei & Koenig, 2014). By the time victims reached adulthood, they had enacted avoidance strategies that became habitual, safe and entrenched (Briere, 1997). Coming forward would unhinge these, even if the strategies caused distress, destruction, or disruption to normal life (Koss, 2000; Lisak, 2006; J. McElvaney, 2013). Additionally, the general community was relatively powerless, was in denial, or was unaware that CSA occurred within institutions (McClellan, 2013). The community was also naïve to the impact of CSA on victims (Frawley-O'Dea, 2007; Sorsoli, Kia-Keating, & Grossman, 2008).

Statement of the Problem

Initial investigations revealed that disclosure of institutional CSA was difficult for victims, and often unhelpful. The likelihood of disclosure was higher when the perpetrator was unknown to the victim (Smith et al., 2000), however, in approximately 80% of CSA, the victim knew the perpetrator (Sanderson, 2006), particularly in institutions (Benyei & Koenig, 2014). If knowing the perpetrators inhibited disclosure, and, with research indicating that the longer the period of withholding, the greater the impact of psychological distress (Benyei & Koenig, 2014; Briere, 1996, 1997), then an ASICSA was in a position of extreme harm. When disclosure did occur, not being believed or supported added to the victim's psychological burden (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Easton, 2013). Responders must understand the complexity of disclosure for the least researched subgroup of CSA survivor: the male-ASICSA; responders may have only one opportunity to enhance healing and assist the male-ASICSA with improved life functioning (Rickwood, Deane, Wilson, & Ciarrochi, 2005).

Literature Review

Crowder and Hawkings (1995) explained the four-phase progression of disclosure: breaking silence, victim, survivor and thriver. The literature on CSA describes factors inhibiting the breaking of silence: lack of opportunity; lack of understanding about the personal impact of non-disclosure; mistrust of those in power; threats from perpetrators; fear of accusations of homosexuality; concerns about the impacts of disclosure; social stigma; and a fear of being disbelieved (Jülich, 2006; Koss, 2000; Lisak, 2006; Ullman, 2011). The need to keep silent operates on an intrapersonal, interpersonal and community level (Jonzon & Lindblad, 2004; Wolfe, Jaffe, Jette, & Poisson, 2003). Withholding was influenced by internalised traumatic symptoms of intrusion, inner shame, self-blame and feelings of disbelief (Lee & James, 2013; Lisak, 2006; Ullman, 2011). Fears about the consequences of disclosure for self and others (including the perpetrator) keep the victim silent and unsure of whom to trust (Easton, 2013; Kia-Keating, Sorsoli, & Grossman, 2010; McLoone-Richards, 2012).

When children tell, disclosure is often motivated by internal emotional stimuli (i.e. anger) (R.

McElvaney et al., 2013; Schaeffer, Leventhal, & Asnes, 2011). R. McElvaney et al. (2013) found that most child CSA survivors initially disclosed to a peer, with disclosure to an adult resulting from directly questioning, after showing typical signs of sexual abuse (i.e. self-harm, emotional dysregulation, sexualised behaviours). Responses to disclosure affect the safety of the child, and the long-term impact of the CSA, and determine whether functional or dysfunctional coping strategies become engaged (R.McElvaney et al., 2013).

Jonzon and Lindblad (2004) found that disclosure was dangerous for children inlow supportive environments. In their study of 122 females, 32% disclosed in childhood whilst 68% waited until adulthood; the average delay of first disclosure was 21 years. For those who disclosed in childhood, the severity of abuse impact increased, following a non-supportive response. Of the females surveyed, who disclosed as children, only 33% received a positive response from their mothers, with victim-blaming, denial, minimising and abandonment common. When disclosure did not constitute a discontinuation of abuse, compliance and avoidance strategies were engaged for long periods. However, when disclosure occurred to a therapist later in life, in a supportive setting, 85% reported a positive response. A higher percentage of validation was reported (91%) when disclosing to a peer. Responder knowledge and behaviour matter greatly. The more severe the abuse, the more likely a negative response was received (Jonzon & Lindblad, 2004). Subsequent research by Ullman and Filipas (2005) and Ullman (2011) reinforced these findings: responder reactions can be harmful or helpful.

Gender differences in the experience of CSA are important; most research, and subsequent treatment models, are based on studies of females, to assist female victims (Little & Hamby, 1999). The few studies conducted with male victims indicated varied gender differences in abuse response, particularly when the abuse occurred in institutional settings (Lisak, 2006). Male-dominated institutions operate differently socially to those which are female-dominated (Kia-Keating et al., 2010; Lisak, 2006; Spröber et al., 2014). Spröber et al. (2014) found that institutional abuse was characterised by exploitation of children and the abuse of social power. Although investigations into perpetrators generally focused on ‘bad apples’ within institutions

(Middleton et al., 2014), institutions themselves were places of power exploitation that relied on hierarchical protection, depersonalisation, a lack of children's rights, separateness and secrecy (Benyei & Koenig, 2014; McLooneRichards, 2012; Spröber et al., 2014).

Children are dependent on their carer's and are more vulnerable in highly structured environments; avoiding disclosure may be necessary for basic survival to avoid revictimization and to minimise harm to others (Alaggia, 2005; Lisak, 2006). Lisak (2006) proposed that males were more vulnerable to CSA due to a 'masculinity code', exploited by perpetrators in male-dominated structured environments; this code amplified the likelihood of maintaining silence and internalising symptoms, both coping and survival strategies. Briere (1996) purported that, once engaged, avoidance strategies were difficult to disengage, making coming forward (at any age) problematic. This difficulty was more prevalent for males who lack the positive social support or opportunities for professional interventions, once outside an institutional setting (Lisak, 2006; Ullman, 2011; Ullman & Filipas, 2005). Kia-Keating et. al., (2010) noted that male gender rigidity and emotional constriction resulted from adaptation to CSA, impacting all relationships. Resulting in interpersonal disengagement, maintaining internalisation, isolation and ongoing silence (Kia- Keating et al., 2010; Lisak, 2006; Ullman, 2011; Ullman & Filipas, 2005).

Male CSA victims were less likely to be believed or appropriately supported (Sorsoli et al., 2008), and besides the internalised symptoms (intrusion, inner shame, self-blame and feelings of disbelief), not having a need, purpose or reason to disclose, characterised male CSA victims. They did not want to distress others who, they imagined, were unable to cope with disturbing knowledge. When male CSA victims did disclose, they experienced positive and negative reactions, but the most common response was neutral, the responder 'not wanting to go there' (Sorsoli et al., 2008, p. 341). At the time of Sorsoli et al's., (2008) study-interview, most participants had disclosed neither formally nor to close family members. The validation they experienced and motivation to disclose were the direct reasons to be involved in the Sorsoli study. The findings in Sorsoli et al. (2008) were important in understanding factors of

disclosure, however the subjects were not experienced in repeated disclosures, nor had they experienced validation (or invalidation) on multiple levels across extended time periods.

Easton (2013) conducted a larger quantitative study of males (N = 484; aged between 19-84 years; average age at time of abuse = 10.3 years) abused by a clergy member (62%) or known family member (11%). Prior to the study, 97% had disclosed, however only 15% had formally reported. The majority (67%) had meaningful interpersonal discussions with a spouse or partner years after the abuse (M = 32 years). Although the majority were believed and supported (96.9%), it was found that, on average, the longer the silence, the higher the mental distress, with the least mental anguish directly after disclosure.

Disclosure is found to be helpful, with delays in disclosure contributing negatively to mental health conditions such as somatisation, depression, anxiety and suicidality (Briere, 1996, 1997); interpersonal responses are also helpful. The quantitative information was important, however the men in Briere's study were not experienced in multiple disclosures, or across time periods. The majority disclosed in interpersonal relationships, over many years, and validation might not be permanent. Sanderson's (2006) investigations found that, when validation did occur, feelings of vindication were fragile, and, if discredited at a later date, regardless of evidence, psychological distress symptoms re-occurred (Sanderson, 2006).

Qualitative research by Kia-Keating et al. (2010) analysed the experiences of male victims; interruptions to relational connectedness inhibited support-seeking in intimate relationships, preventing early disclosure. They studied 16 male survivors of CSA who experienced low support levels, associated with the externalised symptoms of CSA (avoidance strategies, attempts at controlling people and environments, substance abuse, and aggressive behaviours), which contributed to complicated relational interactions, with self-and-other protective isolation strategies engaged. There was no-one to disclose to, nor was there an avenue for formal disclosure (Kia-Keating et al., 2010).

Validations are helpful, and invalidations harmful, for all victims of CSA. When Spröber et al.

(2014) questioned 2000 psychotherapists on their skills for treating survivors of CSA, only half felt confident to provide treatment. The Commissioner reported that those who had previously experienced validation were invalidated and re-victimised during redress processes (McClellan, 2013). Expectation of immediate recovery from symptoms, previously imposed confidentiality agreements, minimisation of impacts of harm, failure to prosecute alleged perpetrators, or open support for convicted perpetrators by senior members of the institutions, acted to re-harm victims (McCarthy, 2015; McClellan, 2013; Middleton et al., 2014).

Aims of the Study

The aims of this study were to explore the lived experiences of male-ASICSA who had multiple disclosures. The questionnaire focused on gathering information on victims' first informal disclosures. The study investigated the catalyst that led to initial disclosures, and experiences of disclosure, and explored subsequent formal disclosures, including the pre-interviews for TRC.

Significance of the Study

The study focussed on how the male-ASICSA felt prior to, and following their attendance at, the pre-interviews for TRC; the study contributes to psychological practice around disclosure, as well as aiding in improving the therapeutical outcomes for male survivors of CSA.

The concept of validation will be explored for therapeutic assistance, not only to enhance healing, but to avoid further harm.

METHODS

Theoretical Framework

Withholding disclosure caused severe symptoms of psychological distress and being disbelieved or unsupported contributed to the ongoing and compounding psychological impact of CSA (Briere, 1997; Easton, 2013; Jonzon & Lindblad, 2004; KiaKeating et al., 2010; Lisak, 2006).

Input from abuse survivors during clinical interviews, and case studies (McClellan, 2015), indicated that disclosure was often motivated by a desire for validation (McClellan, 2013, 2015;

Middleton et al., 2014). Studies were reviewed to identify the factors of disclosure, comparing time taken to disclose and responder reactions (Easton, 2013;

Jonzon & Lindblad, 2004; Kia-Keating et al., 2010; Lisak, 2006; J. McElvaney, 2013; R. McElvaney et al., 2013). Further, feelings of vindication from experiences of validation are not stable until the CSA survivor has full understanding of the abuse outcomes (KiaKeating et al., 2010; Sanderson, 2006).

This study focused on case studies of male victims, who experienced CSA by a clergy member, and were privately interviewed by The Commissioner for TRC, to review the factors of informal and formal disclosure. The motivation to come forward to the TRC was researched, to identify whether or not validation assisted to decrease PTSD symptoms and to reduce the sense of social stigma associated with surviving CSA.

Research Questions

1. If disclosure was helpful when the male-ASICSA was believed and validation accorded, but harmful when it was not, did disclosure (informal and formal) assist in alleviating the distress level of psychological symptoms common to survivors of CSA?
2. Did the public support of TRC and the perceived lowered level of social stigma lead to lowered victim self-blaming and increased interpersonal and social connections?

Six Factors of Disclosure

The study-interviews, structured around 31 questions, addressed the following six factors of disclosure:

(1) Details of male-ASICSA
(2) Time to disclosure
(3) Experiences of first-informal disclosure
(4) Experiences of first-formal disclosure
(5) Experiences of validation
(6) Pre-Interviews with The Commissioner

Limitations of the Study

The study was limited to a small number of participants. The data may be positively skewed in favour of those who had positive pre-interview experiences.

Data Source and Sample

A structured study-interview was used with purposeful sampling (Patton, 2005) of adult male-ASICSA from one support group. Members of the group were asked about their interest in participation and issued a flyer. Potential participants contacted the researcher by telephone or email and were screened for suitability.

Participants

Participants were excluded if they had existing confidentiality agreements in redress, or florid psychiatric symptoms. Those chosen had been privately pre-interviewed by The Commissioner for TRC in 2015.

Questionnaire

The participants were asked about their first-informal, subsequent and formal disclosures, including at the pre-interview, establishing a chronological narrative of their disclosure experiences. Participants were asked about the factors inhibiting disclosure.

Ethics

The Macquarie University Human Research Ethics Committee approved the elements of the study. There were several considerations to protect the privacy and safety of participants. All questions focused on details of disclosure, not particulars of abuse, perpetrators, or issues surrounding redress. The researcher is a qualified Victims Services Psychologist. All participants were monitored for distress presentation, with the option to cease if emotional dysregulation was detected. Referral to a support agency was available if the participant was not currently connected to such a service. Ethical considerations were observed to meet AHPRA professional standards of legal disclosure of crime, confidentiality, access of information to participants, and safe storage of records for psychologists. Participants were unknown to the researcher. All participants were given the opportunity to withdraw from the study at various stages.

Data Analysis

Data was transcribed verbatim and de-identified prior to analysis. Thematic study attempted to deductively answer the hypotheses using a six-staged process (Braun & Clarke, 2006). A latent approach sought to identify features of 'validation' and 'invalidation' under an empirical paradigm. Analytic memoranda were taken simultaneously to the recordings to ensure record keeping and transparency (Charmaz, 2006, 2011). Validity and reliability stemmed from the interpretation of the common themes underpinning the philosophical assumptions in the hypotheses.

Design

Thematic analysis was chosen as a suitable method for coding, resulting in a mixed method of analysis. Quantitative information was reviewed, and qualitative information was analysed by detailed paragraph coding, linked in the computerised data-analytical program (Dedoose).

Measures and Setting

The 1.5-hour structured study-interview was administered in a one-on-one 31 question-and-answer style. Memo notation was taken during the study-interviews for nonverbal communications to both ensure clarity and transparency and to note emotional reactions to the questions.

The six factors of disclosure were analysed under the conceptual framework of the study. Eighteen key codes were created for importance under these factors with 31 child, 62 grandchild and 6 great-grandchild codes emerging during the numerous coding processes. Code applications were tabled and reviewed for frequency. Dominant codes were analysed with six primary themes and eight sub-themes emerging from the data as they related to the six factors. (Braun, Clarke, Terry, Rohleder, & Lyons, 2014).

The overarching global theme of *internalised-validation* emerged as the most significant finding of the research.

Table 1: Themes and Sub-themes

Theme	**Theme**	**Subtheme 1**	**Subtheme 2**
1	Reasons for withholding disclosure	Internalised psychological symptoms	Externalised behavioural symptoms
2	Authentication	Ask for understanding	Wanting to be well
3	Externalised and Generalised Perceptions		
4	Permission granted	Truth telling	Ask for understanding
5	Being heard	I want to help others	Decreased social stigma
6	Stable symptoms	Interrupted personal relationships	
Global Theme	Internalised-validation		

ANALYSIS

Thematic Analysis of the Six Factors of Disclosure

1. Male-ASICSA demographic

The six participants were aged from 41 to 76 years ($M = 65$). All identified as Caucasian, were raised as Catholics, and attended male-dominated Catholic Institution schools. All had married and had children; three had divorced, with one remarried and two re-partnered; five identified as heterosexual and one as homosexual (although not until his mid-thirties). Each had one perpetrator who was known to them. Grooming began between the ages of 6 and 14 years ($M = 11$) allowing a relationship to form over 0 to 2 years prior to the onset of sexual contact ($M = 1$); the sexual abuse occurred between the ages of 8 and 15 years ($M = 12$) and continued for a period between 2 and 7 years ($M = 3$).

All perpetrators were members of the Catholic Institution clergy, with the exception of one, a lay teacher employed in the Catholic Institution education system. No charges were laid against any of the perpetrators (all now deceased). The participants believed the perpetrators were protected by the Catholic Institution and, at times, by their congregations.

2. Time to Disclosure.

The age of first-informal disclosure ranged from 25 to 72 years (M = 39), with time post first-abuse ranging from six to 57 years (M = 26). The age of first-formal disclosure ranged from 29 to 72 years (M = 54), 13 to 57 years post first abuse (M = 41). The time from first-informal to first-formal disclosure ranged from 0 to 32 years (M = 16), between four and 25 years ago (M = 10). Central themes emerged: *reasons for withholding disclosure*, with *internalised psychological symptoms* and *externalised behavioural symptoms* similar amongst all survivors of CSA, regardless of age or gender (Briere, 1997). The longer disclosure was withheld, the more entrenched the were symptoms (Ullman, 2011; Ullman et al., 2007). The earlier they disclosed, the more experienced they were at disclosure.

Theme 1: Reasons for Withholding Disclosure. Minimisation of abuse was most commonly cited for *withholding disclosure*. Participants mentioned lack of opportunity to disclose, fear of punishment, or of not being believed, and a perception of family vulnerability. They feared for others, including the perpetrator. Briere's (1996, 1997) *internalised symptoms* of shame, anger, embarrassment, fear, numbness, paranoia, self-attribution and intrusive thoughts were evident; *externalised behaviour* included hypervigilance, substance abuse, acting out in anger, avoidance and purposeful interruption of relationships.

3. Experiences of First-Informal Disclosure.

Questions 2 to 7 focused on first disclosures and validation, some of which were informal-interpersonal. Three participants experienced validation (N = 1: wife; N = 2: peer– co-survivors); two felt invalidated (N = 1: mother – at age 30; N = 1: ex-wife) and one had not disclosed interpersonally to date (divorced, alienated from offspring, first disclosure in support group). Interpersonal validation enhanced the chances of ongoing disclosures, both interpersonally and formally. All disclosures were believed, however only 66% were validated.

Theme 2: Authentication. Validation and authentication resulted from responder empathy and

belief, and blame attributed to the perpetrator. Motivations for informal disclosure were to *ask for understanding,* to explain internalised and externalised symptoms, that they felt were out of their control. Secret sharing was important, to build previously distant intimate relationships. The aim was to help self–and-others that would not, or could not, speak up for themselves (i.e. high level of internalised shame or deceased by suicide).

Prior to disclosure, the participants perceived that they were unwell, which they attributed to the CSA, and to keeping the secret. As they disclosed, they noted wellness developing. The desire for virtue was part of *wanting to be well*. When invalidation occurred, through a request for secrecy (to protect others within the institution) and/or the minimisation of the abuse, anger triggered internalised and externalised PTSD symptomology.

Withholding interpersonal disclosure (N = 1) was the reason behind a lack of close relationships, with the fear of consequences from interpersonal disclosure causing maintenance of secrecy.

4. Experiences of First-Formal Disclosure.

The participants were all *unauthenticated* at their first-formal disclosure. All reports made to clergy were invalidated. The motivation to confront a perpetrator was the desire for an apology. Formal disclosure to redress organisations, to police and professionals, had mixed experiences of validation; responses included self-protective or normalising statements, requests for confidentiality agreements; or expectation that the participant move beyond the abuse, resulting in flashbacks and re-victimisation.

Theme 3: Externalised and Generalised Perceptions. The relationship with a responder was strengthened or weakened, depending on the level of validation. The validated and authenticated responses advanced further disclosure, whereas the invalidated response reinforced ongoing secrecy.

Due to the inadequate responses of the Catholic Institutions (redress or media published responses to TRC), *externalised and generalised perceptions* towards the Church were

entrenched and expressed in anger and contempt. No charges werelaid against perpetrators (now deceased). The victims had strongly held, inflexible opinions. An erosion in spirituality, and de-identifying as a Catholic, occurred for all but one participant. However, positive regard resulted from the experiences of support from one priest and two caseworkers who were considered advocates.

The expression of trust was generalised towards the social work profession when validation occurred. When legal assistance was sought, mixed outcomes occurred. Victims were re-traumatised when invalidated, with descriptions of re-victimisation triggering recurrent PTSD episodes when previous validations were withdrawn.

5. Experiences of Validation.

Each time validation occurred, there were decreased *internalised and externalised symptoms*, together with wellness episodes. Validation emerged as a nonlinear process. As authenticated experiences occurred, disclosure confidence increased across the chronological period (M = 10 years) towards the pre-interviews. Those willing to hear the truth earned the respect of survivors, whereas those who failed to validate were met with mistrust and contempt.

Theme 4: Permission Granted. *Permission granted* emerged with sufficient interpersonal validations. Each participant tested responder-relationships before full disclosure. All sought permission to continue to talk, wanting to protect responders from the information. Once *permission was granted*, full disclosure took place.

The victims were released from the role of 'keeping the secret', by taking the opportunity when the invitation was extended, with a decreased fear of not being believed. They were motivated by a desire for justice and to help others. The responders' validation lost weight. Victims were now empowered, and shame was externalised. They could finally *tell the truth*.

6. Pre-Interviews with The Commissioner.

Theme 5: Being Heard. All participants experienced validation as they experienced *being heard*. They were impressed with the professionalism, empathy and extended knowledge

that the Commissioner showed about their cases and perpetrators.

The Commissioner(s) were not 'co-victims', however it was perceived that they were professional individuals, capable of coping with the full 'sordid' details. Victims were able to precisely narrate the full details of the abuse, often for the first time. The opportunity to *tell the truth* resulted in a sense of relief that someone had listened to the whole story. Being authenticated at the pre-interviews resulted in feelings of empowerment.

Experiencing multiple authentications, with the opportunity to tell the truth, survivors perceived that it was not their fault, and that the general public now knew the truth about CSA, leading to *decreased social stigma*. Blame was attributed to the perpetrator and the Catholic Institution. However, they feared that many victims had not come forward, due to social stigma, and they were motivated to record their story, as transcribers, *to help others*.

Theme 6: Stable Symptoms. Permanent adverse *stable symptoms* remained beyond the pre-interviews for TRC. They recognised that they were permanently damaged or had interrupted important interpersonal relationships. They had cut-off family relationships both in their primary and secondary families. One was abandoned for disclosing, another was abandoned for his behaviour as a parent (without disclosing). A primary stable symptom that surfaced in the data was a desire to control others and their environment (hyper-vigilance). They all described a higher level of empathy for others when symptoms occurred than previously known. When they did experience recurrent PTSD symptoms of flashbacks and major depressive episodes as they had an acceptance of symptoms, and self-responsibility for the management of them. This included a cessation of substance abuse and achievement of a sense of wellness.

Global Theme - Internalised-Validation

The global theme of *internalised-validation* emerged when interpersonal disclosure was authenticated, leaving each validated participant relieved, and questioning their own reasons for not disclosing earlier. An ongoing bonded respect for responders developed. The more experienced the participant was in disclosure; the less importance was placed upon the

responders' reaction. Authentication emerged and led to *internalised-validation*. Although *internalised validation* was a nonlinear process, a practised, constructed self-narrative emerged about their own lived experiences, from victim to survivor to validated thriver, and advocate for self-and- others, or transcriber.

Discussion

Review of the Results

Factor 1: Male-ASICSA. The mean outcomes in the descriptive data showed unique outcomes for the participants in this study when compared to previous research with survivors of CSA. These males were aged 65 years (eldest 72 years), Ullman and Filipas' (2005) conclusions were based on participants' mean age of 19 years, with Easton (2013) at 50 years and Kia-Keating et al. (2010) participants at 41 years. The age of abuse differed to Jonzon and Lindblad (2004) female participants, who were under six years.

The male-ASICSA in this study averaged 12 years of age when the physical abuse began, and grooming started one year prior, with abuse continuing for three years. They knew their perpetrator for an average of four years. The perpetrators were entrenched in

their lives, acted in a highly supportive role and were respected by their family and within the community.

Kia-Keating et al. (2010) study contrasted situationally; their participants had various perpetrators and grew up in chaotic households, with resulting chaotic lives. The male-ASICSA's family was in crisis or vulnerable at the time of abuse, nevertheless, they were raised in highly structured environments. They married early, and all had children. Half the marriages resulted in divorce while all reported an angry-avoidant parenting style; they had high levels of contact with their children. What did support the findings of KiaKeating et al (2010) were the *interrupted interpersonal relationships*.

Factor 2: Time to Disclosure. Participants in this study were older and took an average six years longer for initial disclosure than in previous findings. The mean age at informal disclosure was 39 years, some 26 years post first sexual abuse. Easton's (2013) average age of

disclosure was lower, at 32 years, some 21 years post-abuse Twenty-one years' post-abuse disclosure was also reported in female survivors by Jonzon and Lindblad (2004). As each perpetrator was well known to the victims, to their families and within the Catholic Institution community, the later disclosures were due to the perceived allpowerful position held by the perpetrator, and a fear of not being believed. As Benyei and Koenig (2014) reported, this power was exploited, and assisted in separation and secrecy, making disclosure difficult.

Cross-coded data indicated that internalised shame of abuse, with long-held internalised symptoms and externalised behaviours, coupled with dysfunctional interpersonal relationships, kept the secrets rigidly held. Internalised symptoms, particularly shame, supported the reviewed research on PTSD symptoms regardless of age or gender (Jonzon & Lindblad, 2004; Kia-Keating et al., 2010; Lisak, 2006; J. McElvaney, 2013; R. McElvaney et al., 2013; Sorsoli et al., 2008). However, gender differences were evident as the internalised symptoms inhibited close interpersonal relationships for these men; as Kia-

Keating et al. (2010) suggested, they differed to female survivors of CSA by having interrupted interpersonal relationships, not seeing a need to come forward and having no opportunity to do so. Disclosure required a purpose and a context.

The male-ASICSA had experienced some type of family crisis, leading to vulnerability. They were supported by the perpetrators who were well-known and respected by the family and within the community. This reinforced the assertions of Spröber et al. (2014), Benyei and Koenig (2014) and McLoone-Richards (2012), that disclosure was more difficult when the perpetrator was known to them. As Rickwood et al. (2005) had suggested, until it was perceived that it would not harm the responder (via vicarious trauma), or result in victim-blaming, the risk of disclosure was too great. This verified the qualitative study of Kia-Keating et al. (2010). Male-ASICSA required different conditions to female survivors in order to disclose, and, as Briere (1997) and Ullman and Filipas (2005) found, long delays in disclosure intensified PTSD symptoms.

The male-ASICSA established a valued internal identity: by holding the secret, they had a 'job'. While shame acted to inhibit disclosure, anger kept others distant, and maintaining secrecy worked. These men got on with their lives with entrenched internalised symptoms which, once established, could not be disengaged (Briere, 1997; J. McElvaney, 2013). They survived and did not need to come forward (Sorsoli et al., 2008). They would not do so until granted permission in a relevant context via persistent invitation.

Lisak's (2006) 'masculinity-code' was evident in the participants' rigid thinking style and strict behaviours. They were low in tolerance, angry, controlling, avoiding through overwork, numbing emotions or abusing substances while simultaneously disengaging interpersonally and socially. Kia-Keating et al. (2010) also reported that sabotaging interpersonal relationships left male survivors without someone close to disclose to, unlike their female counterparts. Yet they wanted to be well and sought a sense of virtue.

Factor 3. Experiences of First-Informal Disclosure. Validation depended on the quality of the interpersonal relationship, as found in previous qualitative studies (Kia-Keating et al., 2010; Spröber et al., 2014; Ullman, 2011). This differed from the Easton (2013) quantitative study (with males) and Jonzon and Lindblad (2004) (with females) where almost all were validated (both 97%). R. McElvaney et al. (2013) reported that children also had full support from interpersonal disclosure with a peer. Responder reactions, as Rickwood et al. (2005) stated, mattered greatly. Intimate disclosures to spouse or peer were easier, if the responder was a like-typed co-abused, who, is was assumed, understood the impact of the abuse.

Factor 4. Experiences of First-Formal Disclosure. Formal disclosure was dependent on responder capability. Victims decided on safety for self-and-responder before disclosure, and permission to talk freely was required; if the responder had an alternate agenda, the victims shut down. Normalisation of PTSD symptoms and predictive outcomes neutralised validation. Only those who demonstrated complete understanding of a victim's individual case (during the pre-interview) were told full details of the abuse.

In the ten years (on average) since first formal-disclosures, many have become transcribers, writing books, participating in public and media announcements and giving forum talks, even since this study concluded.

Factor 5. Experiences of Validation. Contrary to the findings of Sorsoli et al. (2008) and Ullman (2011), that male survivors struggle lifelong to disclose, this study identified that internalised-validation made disclosure less difficult over time. With ten years of disclosure experience, internalised-validation allowed for disclosures that were no longer dependent on responder reaction. The survivors were now disclosing facts without fear. They had externalised shame and assisted in increasing the social awareness of ASICSA in general.

Factor 6. Pre-Interviews with The Commissioner. Male-ASICSA valued their experiences within the pre-interviews, which allowed them to tell their stories, to contribute to legal justice processes, and to formally authenticate their lived experiences. The survivors reported a significantly lower level of mental health distress after the pre-interview, with PTSD episodes less frequent.

Global Theme: Internalised-Validation. Multiple validated disclosures resulted in *internalised-validation* that was less dependent on responder reaction. Once *internalised validation* was experienced, participants felt they had achieved truth and justice, and were helping others, and this motivated continued disclosures.

Research Outcomes

Disclosure was only helpful when the male-ASICSA was believed and validated. Validation contributed to a decreased level of psychological symptoms common to survivors of CSA. However, being believed did not assist in avoiding invalidation; nor were the feelings of validation stable. Validation was helpful to ease symptoms, invalidation was harmful to it, and conversely, withdrawing previously given validation was even more harmful**.**

A validated participant could be invalidated at a later time, even by the same responder; being believed and validated multiple times, on multiple levels, contributed to authentication and well-being. Due to the public support of TRC, male-ASICSA now experience lower levels of

social stigma, leading to reduced self-victim blaming, and increased interpersonal and social connections. The survivors participated actively in the social conversations regarding ASICSA, and in a support group; all of which enhanced healing. Importantly, shame has been placed upon the perpetrators, the institutions, and those that supported the secrecy and denial of justice.

The study outcomes indicated that, in the absence of criminal charges being laid against the perpetrators, TRC served as an initial legal avenue for statements to be heard, recorded and assessed. It was the first time the male-ASICSA were able to tell the full details of the abuse.

Further Implications for Research

Further research could investigate the following questions:

a. How many validated disclosures determine when shame is externalised, and internalised-validation occurs?

b. Can therapeutic responses in disclosure processes assist in externalising shame (in spite of previous invalidated experiences) to create a sense of internalised-validation to help with resilience when invalidation does occur?

Conclusion

Validation occurred when the individual's lived experiences were heard, empathised with, and understood. Permission to talk required logical reasons for disclosure. Validation became internalised from multiple validated disclosures, with evolution from victim to advocate and transcriber. Continued help seeking was determined by each authenticated experience in the hope of evolving wellness.

The most important responder skill required was patient listening without judgement. Professional capability, and ability to manage the truth, were important, or having a lived experience of like-type abuse. In social policy, specifically designed male interventions should be delivered by skilled responders capable of managing CSA details.

As Anglican Bishop Thompson stated in his apology to survivors in June 2015: “We can’t have mates looking after mates any more” (quoted in McCarthy, 2015). Not only are the

perpetrators responsible, but those dealing with the allegations are equally required to act on behalf of survivors. The internally validated male-ASICSA continues to openly disclose, finding a valued new social position, from victim to survivor to validated advocate, or thriver, and then to transcriber, for self and others.

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